U.S. Department of Labor Office of Eabor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or olvit penalties as provided by 29 U.S.C 439 or 449.

For	Official See Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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			1 / 1 /	2004 Through: 12 / 31 / 2004		
Name and address of person filing.	on filing. 4. Name, file number, and address of labor organization.					
Mana Birr D WO	ss	Name	Name IRONWORKERS LOCAL UNION NO. 550			
		Labor	Organization File I	Number 032~576		
P.O. Box, Bldg., Room No., if any		P.O.	Box, Building and R	toom Namber, if any		
Street RT 1		Stree	618 HIGH AV	BNUE N.W.		
Cty MINERAL CITY		Сту	CANTON			
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Position in labor organization.	DARD, EXAM. COMM., SER.	AT ARMS		·////		
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State ZIP Code +4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing,	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		· 
Steet	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	**************************************	
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Name Tracke Name, if any:  P.O. Box, Ekdg., Froom No., if any Street City	14.b. Amount of payment.	

Form LNF-30 (2003)